**Integrated Monitoring & supervisory checklist for Health Facilities**

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| **DETAILS ON AVAILABLE PREVENTIVE PROGRAMS SERVICES** | | | | |
| ***Name of facility:***  ***Category of facility: DHQ \_\_\_\_ THQ: \_\_\_\_ RHC: \_\_\_\_\_\_ BHU: \_\_\_\_\_ Private/ Other:\_\_\_\_*** | | | | |
| ***FP Services*** *(Check Family Planning Register. To fill this section use HF data of previous month)* | | | | |
| ***Number of Family Planning users*** | ***Old:*** | | ***New:*** | ***Total:*** |
| ***FP commodities available at the start of month*** | ***Yes*** | | ***No*** | ***If “Yes” write numbers*** |
| ***FP commodities available at the end of month*** | ***Yes*** | | ***No*** | ***If “Yes” write numbers*** |
| ***Write number of users by methods during last month*** | | | | |
| ***Condoms*** | | ***Number:*** | | |
| ***Pills*** | | ***Number:*** | | |
| ***Injectables*** | | ***Number:*** | | |
| ***IUCD (if applicable)*** | | ***Number:*** | | |
| ***Implants (if applicable)*** | | ***Number:*** | | |
| ***TL (if applicable)*** | | ***Number:*** | | |
| ***Vasectomy (if applicable)*** | | ***Number:*** | | |
| ***Emergency Contraceptive*** | | ***Number:*** | | |
| **GENERAL COMMENTS & RECOMMENDATIONS** | | | | |
|  | | | | |
| **Signature of Monitoring Officer:** | | | | |
| **Name & Designation:** | | | | |
| **Date of Visit:** | | | | |

**USER GUIDE - Preventive Services - *FP Services***

**Facility Description**

Write the name of Health Facility. Tick against the category in which this HF falls.

**Details on available Preventive Programs Services** (To fill this section use data of previous month)

**Family Planning services**

To fill the number of indicators given in this section, use Family Planning register of previous month and tick appropriate box. Also check the stock position of contraceptives from FP register and write the stock out number against each method used during last month and surgical services utility.

**Overall observation and summary of findings/recommendations or follow up actions**

The supervisor will note the feedback or responses given by facility staff. Enlist the main problems identified during the visit and remedies/actions suggested with responsibility fixed in a given timeframe.

After filling the checklist the monitor will write his name, designation and date of the visit.